

DPD APPLICANT SERVICES CENTER

Office Location: 20th floor of Seattle Municipal Tower Mailing Address: 700 Fifth Ave, Ste 2000, PO Box 34019
Seattle, WA 98124-4019
(206) 684-8850

VOLUNTARY HOME RETROFIT PERMIT APPLICATION

			BY BUILDING OFF	
Project Description:	t Description: SEISMIC RETROFIT FOR PROJECT IMPACT			
Building ID #	GIS Map # Z		Zoning:	
ECA/ESA E DCLU Value: basement crawlspace	Alteration \$_	Shoreline YesNo YesNo	Historical Gree	nbelt
Receipt Number:				
Project Number:			PERMITCOST	
Permit Specialist (initia				\$
Address Established (initials and okay)			Bldg Surcharge	
Establish Address Form Completed on (date)				
_egal Description (if availa	bie) (if legal is too lo	ng, attach it to thi	s form):	
Owner/Lessee			Assessor's Parcel N	Number
Mailing Address				Zip
Relocation Exempt:	Owner Occup		No Residential Ten	•
pplicant's Signature:pplicant's Name (PLEASE PRINT):			Date:	
Relationship to Project (CIF				
Owner Lesse	ee Licensed Arch	itect Licensed	Engineer Owner's A	Agent Contractor
Agent Statement: I certify of obtaining this permit.	y that I am authorize	d by the owner/le	essee to act as agent o	on their behalf for the purpose
	Agent's Signa	iture:		
If a contractor will do the w of application or send a no				ized copy of it with you at time
Contractor's Name		Licen	se.#	Exp. Date: